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【 PICTURES IN CLINICAL MEDICINE 】

Massive Bronchorrhea

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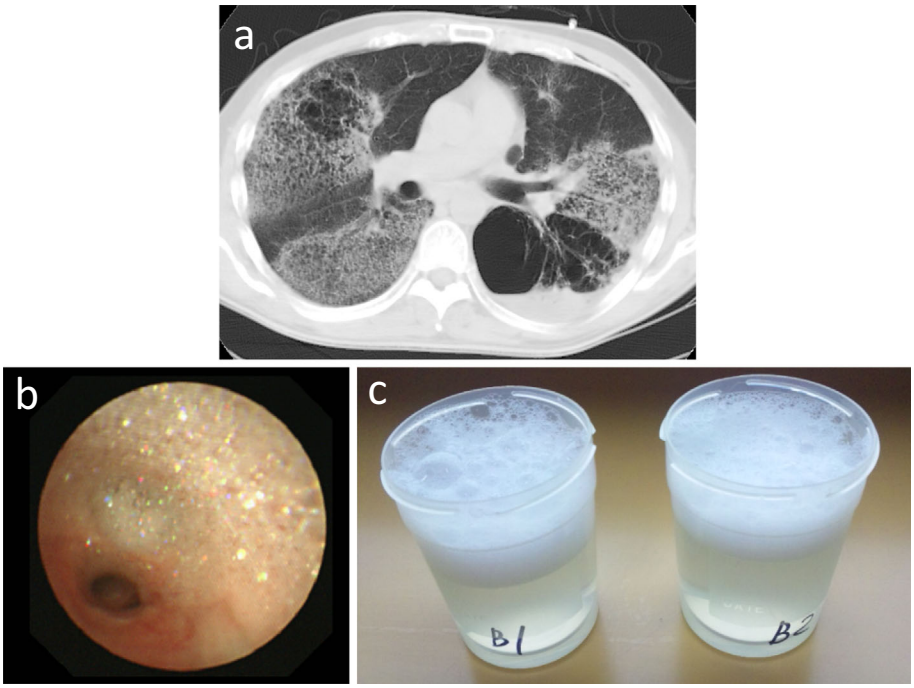

Picture.

A 46-year-old man with advanced non-small-cell lung cancer was admitted to our hospital due to severe productive cough. He daily expectorated a large amount of watery sputum (about 150-200 mL). Chest computed tomography showed bilateral ground glass opacity and a cystic lesion with niveau formation in the left lung (Picture a). Bronchoscopy showed massive bronchorrhea, and 500 mL was collected (Picture b, c). Bronchial fluid cytology was positive for malignancy, and a smear and culture confirmed concurrent pulmonary tuberculosis. Eight days after admission, he died of respiratory failure.

Generally, invasive mucinous adenocarcinoma is associated with significant mucosecretion (1, 2). Hypersecretion by bronchial gland cells can occur in response to inflammatory stimuli and infection. In this case, concurrent pulmonary tuberculosis may have caused detrimental effects of excessive inflammation, which consequently induced massive bronchorrhea (3). Physicians should pay attention to bronchorrhea, which may provide an important clue about concurrent pulmonary infection.

The author states that he has no Conflict of Interest (COI).

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